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APPLICANTS

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** CONTINUING DATA *****

NONE 1/17/06
WGR

** FOREIGN APPLICATIONS *****

NONE 1/17/06
WGR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KY	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>William J. Boyer</u> Examiner's Signature	<u>WJR</u> Initials			

ADDRESS

21972
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TITLE

Doctor blade for use with an imaging apparatus

FILING FEE RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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